

Service Request Form for Property Managers, Owners, Realtors



In order to process your request in a timely manner, please complete all required fields (*) and submit a copy of your completed application via fax at **812-491-4477** or email at Credit_Risk@CenterPointEnergy.com.

Important! Additional Documentation Required

- **Property Managers:** Please attach Property Management Agreement or Authorization Letter with this completed form.
- **Realtors:** Please attach Listing Agreements or Authorization Letter with this completed form.

CONTACT INFORMATION

1. Deeded Owner Information

Deeded Owner Name*	Deeded Owner Phone Number*	Deeded Owner Email Address*	
Deeded Owner Mailing Address*	City*	State*	Zip Code*
Deeded Owner Social Security Number <u>or</u> Federal Tax ID* (Skip if Realtor)			
Social Security Number _____ <u>or</u> Federal Tax ID _____			

2. Bill To Address (if different from above)

☐ Select box if *Bill To Address* matches *Deeded Owner Mailing Address*

Bill To Mailing Address*	City*	State*	Zip Code*

3. Property Manager or Realtor Information

Requestor Name*	Requestor Company Name*	Requestor Title*
Phone Number*	Requestor Email Address*	Realtor SSN or Federal Tax ID* (If Realtor)
Social Security Number _____ <u>or</u> Federal Tax ID _____		

SERVICE REQUEST INFORMATION

If you are completing this form for more than one (1) property, provide all information below on a separate sheet of paper for each additional property. Please indicate if access instructions are the same for all properties. **Our technician must have access to the meter(s) to complete the service request. Ensure the path to the meter(s) is clear of any obstructions.**

1. Service Location

Service Address*	City*	State*	Zip Code*
Requested Service Date* (Up to 30 days from today)	Property Purchase Date (Skip if Realtor) <i>Provide month and year of purchase (MM/YYYY)</i>	Select Services to Start* (Select all that apply)	
		☐ Start gas service ☐ Start electric service	
Contact Name (on day of service) *	Contact Phone (on day of service) *	Will there be pets on the property?* (Select one)	
		☐ No ☐ Yes (contained where?) _____	
Access Instructions* (Select one)		Additional Access Instructions*	
☐ Key will be stored in Lockbox (provide code) ☐ Adult at property during the service window ☐ Call me 30 minutes before arrival†		Provide any instructions necessary to access the National Fuel meter(s) at the location.	

† By selecting this option, you are indicating that you will be available to answer this phone call at any time during the service window and will be able to provide access to our service technician. Please note: the call you receive from our service technician may be recognized as an "Unknown" phone number.

Programs and services are operated under the brand National Fuel by National Fuel Gas Distribution of Ohio, LLC. in their respective service territories.